PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

Under	the Paperwork Reduction A	e require	red to respond to a collection of Information unless it displays a valid OMB control nu					
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						0/705,307-Conf. #4439		
FEE TRANSMITTAL							ember 10, 2003	
For FY 2008						ynne Mointyre		
				Examiner Name T. M. Mai				<u> </u>
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3727				
TOTAL AMOUNT OF PAYMENT (\$) 515.00				Attorney Docket No. MCI-10002/			<u> </u>	
METHOD OF PAYMENT (check all that apply)								
Check x Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number. 07-1180 Deposit Account Name: Gifford, Krass, Sprinkle,								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FIL	ING FEES	SEA	RCH FEES	EXAMIN	IATION FEES		
Application T	ype Fee (S)	Small Entity Fee (S)	Fee (\$)	Small Entity Fee (S)	Fee (\$)	Small Entity Fee (S)	Fees F	ald (S)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310	-	
Provisional	210	105	0	0	020	0.510		
2. EXCESS CLAIM FEES Small Entit								
Fee (S) Fee (S)								
Each claim over				50	25			
								105
Multiple dependent claims 370 185								
Total Claims			Fee P	aid (\$) Multiple Deper			dent Claims	
		=			<u>Fe</u>	<u>e (\$)</u> <u> </u>	ee Paid (S	1)
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra Claims	Fee (\$)	Fee P	ald (\$)				
2 -3 = x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (S)								
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2403 Request for oral hearing 515.00								
SUBMITTED BY								
Signature	/John G. Posa/			Registration No. (Attorney/Agent)	37,424	Talephone	(734) 91:	3-9300
Name (Print/Type)	me (Print/Type) John G. Posa					Date	February 1	14, 2008